



Developmental Disabilities Administration (DDA) Person-Centered Plan Development and Authorization Guidance

November 6, 2020



Agenda

- Introduction
- Preplanning
- Development
- Approval
- Authorization
- Questions

Person-Centered Plan Development and Authorization

- The DDA updated the Person-Centered Plan Development and Authorization standard operational procedures to support stakeholders



- A comprehensive review of the pre-planning, development, approval, and authorization processes for all Initial, Annual, and Revised Person-Centered Plans (PCPs)
- Applicable documents and tools (e.g. Charting the LifeCourse (CtLC), Detailed Service Authorization Tool (DSAT), Cost Detail Tool, etc.) to help facilitate successful, robust, and timely PCP planning and implementation

Person-Centered Plan Development and Authorization

- Utilizing the principles and tools of Charting the LifeCourse (CtLC), Details Service Authorization Tool (DSAT), and the Cost Detail Tool to support communication, service request, and authorization for payments are essential as we are operating in both the PCIS2 and LTSS *Maryland systems*



Detailed Service
Authorization Tool
(DSAT)

Cost Detail Tool

Person-Centered Plan Development and Authorization

- On October 1st, the DDA shared communication regarding the discontinuation of the Modified Service Funding Plan (MSFP) processes
- Effective **October 15th, 2020**, any updates or changes based on a person's assessed needs to their Person-Centered Plan (PCP) will be facilitated by the person's Coordinator of Community Services (CCS) via a **PCP annual update** and as needed **revision** processes in the *LTSSMaryland* system

Person-Centered Plan Development and Authorization

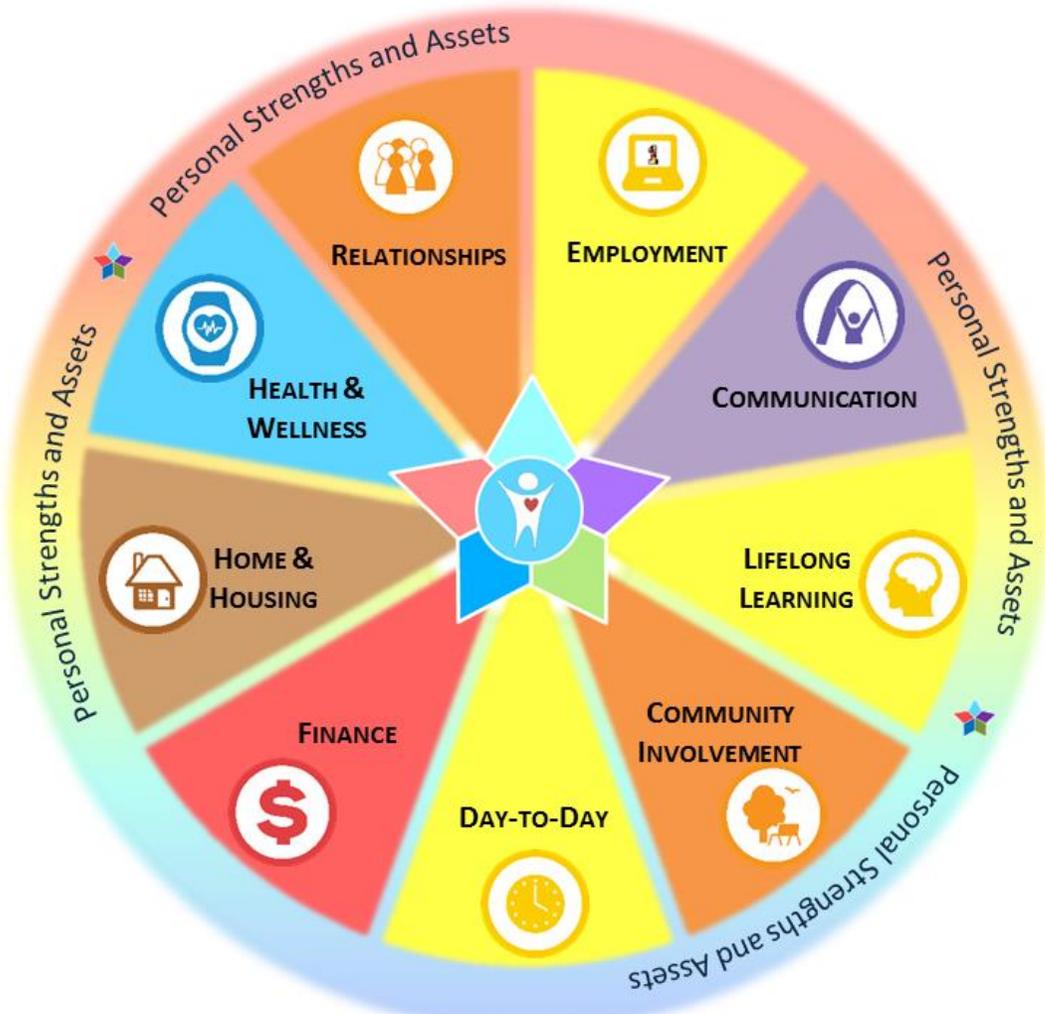
- By transitioning from the legacy MSFP process to the *PCP Annual* update and *revisions* processes, we are successfully moving forward in our goal to create a person driven system. There are additional benefits to this transition as well:
 - Greater team collaboration, planning, and flexibility for the plan year to decrease the need for Revised PCPs throughout the year
 - Increased efficiencies in submitting, reviewing, and approving changes to a PCP
 - Streamlines our PCP process to ensure the PCP is a living document reflecting the person as a whole throughout the year

Preplanning

Nicholas R. Burton, Regional Director
Central Maryland Regional Office and
Mary Anne Kane Breschi
Director of Family Supports



The good life



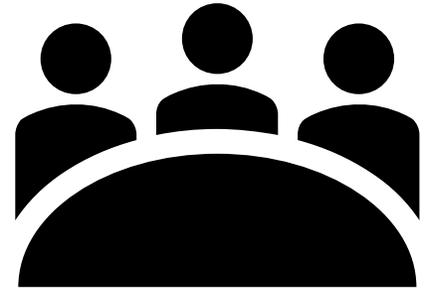
What is the purpose of the PCP?

- My LIFE
- My PLAN
- My CHOICE



Who is on the PCP team?

- **Person/Guardian**
- **Family**
- **Friends**
- **Advocates**
- **CCS**
- **Chosen agencies to provide services**



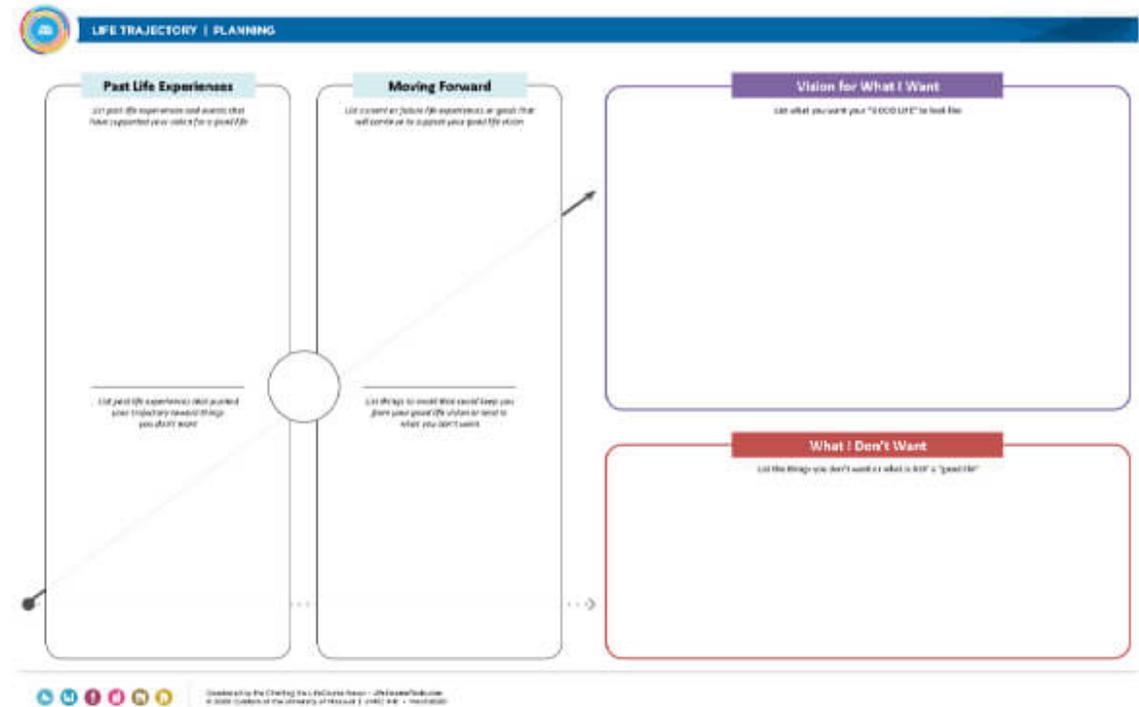
Why is pre-planning so important?

- Blueprint
- Fosters collaboration
- Builds trust
- Ensures continuity of care



Important To...

- What does the person want for their life?
- What are their aspirations?
- Who do they want to be?



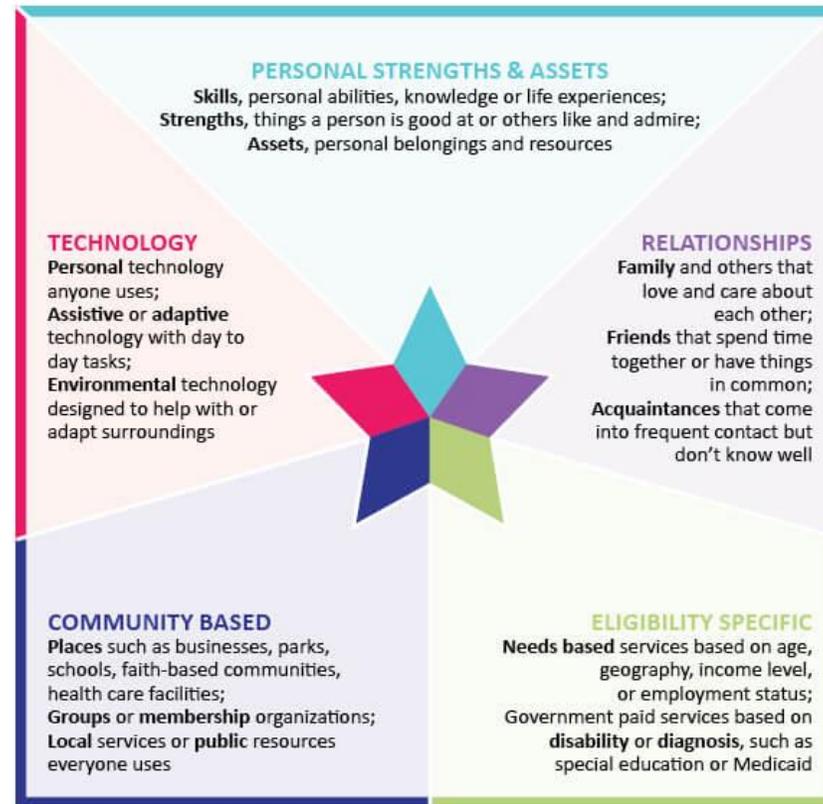
Important For...

- What does the person need to be successful?
- What is needed to ensure the person is healthy?
- What is needed to ensure person is safe?



Outcomes

- Aspirations
- Growth
- Want/need



Resources

- [Lifecourse integrated start link](#)
- [Maryland Long-Term Services and Supports Person-Centered Plan Overview](#)
- [PCP CCS Guide](#)
- [PCP Summary and Outcomes](#)
- [PCP Focus Area Exploration](#)
- [DDA PCP Planning web page](#)
- [DDA HRST web page](#)
- [DDA SIS web page](#)
- [Person Centered Planning and Strategies Webinar](#)
- [Person Centered Plan Authorization Webinar](#)
- [Supporting Families Community of Practice](#)
- [Supporting Families Community of Practice - PCP Foundational Tools](#)
- [Employment Conversations](#)

Questions



Development

Linda Yale, Deputy Regional Director
Western Maryland Regional Office

Development – Person Centered Plan

The CCS will develop, in collaboration with the participant and their PCP team, a PCP that reflects the:

- Participant's outcomes;
- Identified risks, right restrictions, and needs; and
- Requested services

Development – Outcome Section

- Personal outcomes are goals people set for themselves and are defined from the participant’s perspective
- Team should not only provide needed supports, but also identify natural supports and other contributing resources to support the outcome of the person
- Outcomes should be associated with each authorized service in the PCP
- To support an integrated “community life” and prevent a “service life”

Development – Service Authorization

- Requested DDA funded services are noted in the PCP's detailed service authorization section
- PCP - Service Referral
- The PCP includes a section for PCP related documents that can be uploaded into the system

Development – DSAT

- The DSAT was created to improve and expedite the planning and development process
- Providers complete the DSAT, proposing the service, amount, and duration, and to support the participant to achieve their goals and meet the assessed needs and preferences
- The provider agency submits the completed DSAT to the participant's CCS, the participant may accept the proposed services or choose to seek different services that best fit their needs

Development – DSAT

- COVID-19 related Personal Supports should be listed on the DSAT under “Personal Support – Appendix K Add-On”
- The combined total of Personal Support Services will then be noted by the CCS in the detailed service authorization and a Service Referral will be sent to the provider for review
- Providers should review the Service Referral within five business days

Development – Cost Detail Tool

- The cost detail tool is required for all PCP's (i.e. Initial, Revised, and Annual PCPs) to ensure continued PCIS2 service authorization for applicable services
- This tool is particularly important when there are changes made to authorized services billed in PCIS2
- Completed by the chosen provider or CCS for people self-directing

Development- Service Authorization

- The DDA has developed several resources to assist with service mapping between the two systems including:
 - [At a Glance - Meaningful Day Services](#)
 - [At a Glance - Support Services](#)
 - [At a Glance - Residential Services](#)

Development- Considerations and Flexibility

- It is important to consider services needed during times school is not in session, such as winter, spring, and summer breaks
- In employment, schedule, and services needs for Meaningful Day Services, Meaningful Day services can be authorized by the DDA, up to the weekly limit set forth in the DDA Medicaid Waiver program application
- For Behavioral Consultation services, consider potential monthly consultation units needed in addition to scheduled reviews, emergencies or off cycle review

Development- Considerations and Flexibility

- Residential Services: Dedicated Hours for participants in need of dedicated support hours for residential services(CL-GH and SL)
- Dedicated hours are used in *LTSSMaryland* when a person needs more staffing support than what is included in the shared service hours, provider's overnight supervision model (as applicable), and is based on the assessed need for habilitation and community integration
- The rate in *LTSSMaryland* is based on 1-3 individuals with over night 138 shared hours

Development- Self-Directed Service

- Participant's using the self-directed delivery model, annual budget allocations are based on the approved PCP Cost Detail Tool completed by the CCS
- The Cost Detail Tool includes the current DDA rate for services, including any cost-of-living increase which are built into each service rate
- Once the PCP and associated Cost Detail Tool is approved, the approved services and total cost are then used to create the participant's self-direct budget proposal
- Self-Directed Service Delivery Model Budget

Development - Resources

- [DDA Waivers web page](#)
- [DDA Waiver Programs Webinar](#)
- [Guidelines for Service Authorization and Provider Billing Documentation – Revised Nov 6, 2020](#)
- PCP Review Checklist
- [Operating in PCIS2 and LTSS Guidance](#)
- [Link to Cost Detail Tool Revised Nov 5, 2020](#)
- [Link to the SDS Budget sheet](#)
- [Link to the Waiver Services Agreement Form \(SDS Only\)](#)
- [Link to Support Broker Structured Interview Checklist](#)
- Support Broker Agreement Form
- Family as Staff Form

Reminders

- Service Funding Plan process ended 10/15/20
- Streamlined PCP process
- Initial PCP
- When do we submit the Initial PCP?



Reminders

- MSFP process ended 10/15/2020
- Streamlined PCP process
- PCP revisions
- What if we have an urgent need for services?
- Justification
- Matrix requests



Questions



Approval

Onesta Duke, Regional Director
Southern Maryland Regional Office

PCP Approval Process

The PCP Approval process includes:

- The service referral acceptance from the provider
- The participants or their legally authorized representatives approval
- The CCS approval
- The final approval of the PCP by the DDA

PCP Approval: Providers

- A Service Referral is a request that is sent to the provider(s) for their review and acceptance of the proposed services as documented in the Detailed Service Authorization section of the PCP
- The provider's service acceptance of the PCP is their approval and agreement of the noted service(s) and should be accepted within five (5) days of the request
- Service Referrals are not required for Self-Directed Services Participants

PCP Approval: Program Participants

- The CCS will review the PCP, providers proposed service(s), scope, and frequency with the participant and their legally authorized representatives (if applicable)
- If approved by the participant, the CCS facilitates the participants agreement on the “Participant Signature Page” and uploads it in the PCP “Signature” Section
- For Self Directed Services participants, the CCS will review the PCP, Cost Detail Sheet, the SDS Budget Sheet, and the Waiver Services Agreement form. Once approved, it’s uploaded into the “Signature” section of the PCP

PCP Approval: CCS

- The Coordinator of Community Services (CCS) signature is required and indicates that they've facilitated the development of the PCP, have informed the participants of their various rights, and they are in agreement with the plan
- Prior to the CCS submitting the PCP for DDA's approval, the CCS will conduct a final review of the plan to ensure that it meets all DDA requirements

PCP Approval: CCS

- Once the CCS sign's the PCP, it is then uploaded into the "Signature" section of the PCP and submitted to the regional office for review and approval
- Annual plans must be submitted **no later than 20 business days** prior to the PCP annual plan date
- Initial and Revised Plans should be submitted **within 10 business days or less**

PCP Approval: Regional Office Review

- Regional Offices receive, review, request consults, request clarifications, and approve Initial, Annual, or Revised PCPs through *LTSSMaryland*
- Once submitted within the *LTSSMaryland*, the Regional Offices will review PCPs within 20 business days utilizing the PCP Checklist, the DDA Service Authorization Guide, approved Medicaid Waivers, Policies, the DSAT, and Cost Detail tool during the review process

PCP Approval: Regional Office Review

- Program Staff will verify that:
 - The required DSAT is uploaded into the PCP and it's accurately reflected in the DSA section of the plan
 - The submission of the Cost Detail Tool for services that are being billed in PCIS2 to ensure accuracy with the rates, Matrix score, start and end dates, provider is licensed or certified to provide services, services and hours are correct, and justification for needs for increases or decreases in services
- For traditional services that are currently billed via PCIS2, staff also are reviewing the correlation between LTSS *Maryland* Detailed Service Authorization and the services in PCIS2 to verify services are authorized per guidance

PCP Approval: Regional Office Review

- Program Staff will review whether there is a documented assessed need that indicates a variance in current staffing supports from what is already included through the Matrix score or PCIS2 authorization
- For participants new to traditional services, the Regional Office will review whether overnight staffing is needed and if so, whether shared hours can meet the needs

PCP Approval: Regional Office Review

- If needed the Regional Office Program Staff has the option of requesting internal Consultations or external Clarification Requests with the CCSs
- CCSs are required to respond to clarifications within five business days of the request
- Once the PCP meets the approval criteria, approval will be finalized in *LTSSMaryland*. If there is a change to authorized services (new or revised) in PCIS2, the Cost Detail tool will be processed for entry into PCIS2 and the provider will receive a PCP approval letter along with the approved cost detail sheet

PCP Approval: Self-Directed Services

- The Self-Directed budget allocations are based on the traditional service rates and outlined in the Cost Detail Tool
- The Cost Detail Tool for people in Self-Directed Services will also be reviewed to ensure accuracy with the PCIS2 rates, Matrix score, start dates, requested services and hours
- Once the PCP and associated Cost Detail Tool are reviewed and approved, people who self-direct their services must then create their SDS budget sheet and submit it to the Regional Office for review, approval, fiscal processing , and dissemination of the approved plan and budget to the FMS agency

Questions



Authorization

Kimberly Gscheidle, Regional Director
Eastern Shore Regional Office

Authorization

- All DDA services require authorization and approval which is also known as a "determination"
- Determinations are based on the person's PCP and their assessed needs based on service descriptions, requirements and any limitations. These determinations are required for all PCPs whether initial, revised, annual or emergency
- The justification of the assessed need is a central component to the authorization

Justification of an Assessed Need

- A quality Person-Centered Plan must be comprehensive and assure that the person's assessed needs are met by the plan so they can achieve their goals and their objectives toward their chosen good life
- Justification is the action of showing something to be right or reasonable
- In order to support a PCP it is important to assure that adequate time has been taken to assemble appropriate information to support the PCP
- This can be accomplished through obtaining copies of assessments and/or data that are current and accurate

Justification of an Assessed Need

- Behavior Support plans and data
- A review of requested services and whether they can be provided in the requested DDA waiver
- The desired site and any shared hours that may benefit the person
- Data from any current plans that typically require more specific supports (e.g., sleep charts, behavior interventions, etc.)
- Any assessments that have been completed such as OT, PT, Speech, Behavioral, Psychiatric, Forensic, Medical, etc.
- Medical discharge documents and other medical records pertinent to health and safety
- Incident report data
- What other viable non DDA services or resources have been explored

Service Authorization

- Specific service authorization is based on the service description and specific criteria identified in the Guidelines for Service Authorization and Provider Billing Documentation document
- The guidelines have been updated
 - Update language
 - Remove rates which are now posted DDA website
 - [CURRENT RATES in LTSSMaryland](#)
 - [PCIS2 FY 2021 Rates Tables](#)

Service Authorization

- The amount of "service" that is authorized is based on the following:
 - Any service specific limitations found in the selected waiver guidance
 - Whether the requested cost is typical or customary
 - Whether the requested cost is reasonable as justified based on the assessed need
 - Some services will also require a determination of whether the requested service is the most cost-effective service that can meet the assessed need
 - Remember that Medicaid will not reimburse for services provided that DO NOT include a documented service authorization

Helpful Hints

- It is important to remember the information assembled should be reviewed and evaluated BEFORE inclusion with the PCP
- Pages and pages of toileting charts, behavior charts, etc. are not helpful without review, analysis and recommendations for services and supports that are needed by the person
- Sheer volume of data sheets without clear support of the requested goals and supports will likely lead to either a request to clarify or denial of the PCP

Helpful Hints

- The format and quality of the information is critical as well. A physician's note on a notepad is not adequate to justify a request for awake overnight staffing
- Formal assessments that are complete, current, dated and signed by a qualified reviewer or clinician are needed to support a request for additional services and supports
- Medicaid will not reimburse for services provided that do not include a documented service authorization

Questions



Summary

- We place people at the center of planning a vision for their personally-defined good life
- This is done through robust Person-Centered Planning
- The PCP process always begins with and is about the person

Summary

- The CCS, as the agent of the person, is the person who must assure that the team works closely with the person, any agency staff involved with the person, family members and any knowledgeable, involved clinical staff
- The CCS facilitates and ensures:
 - Appropriate planning for an initial PCP;
 - The identification of needed services and supports;
 - Efforts are made to acquire the appropriate data, assessments and other information in advance of the annual PCP meeting; and
 - Reconvenes the PCP meeting to request additional services and supports based on a change in the person's needs

Summary

- The CCS begins planning with a person for an annual PCP meeting 90 days ahead of the meeting, or at the point it becomes clear in working with an individual and their team that additional services appear to be necessary and any related supporting documentation should be sought as quickly as possible

Summary

- Providers need to:
 - Be active participants in the PCP preplanning, development, and approval processes
 - Share data and information
 - Complete and share the data, assessments, DSAT, Cost Detail Sheet, and provider implementation plans with the CCS
 - Reach out to the CCS with any questions or concerns with Service Referrals
 - Accept or decline the Service Referral within five business days

Summary

- The DDA website includes various guidance, resources, and tools including a dedicated [Person Centered Planning webpage](#) including:
 - Person-Centered Plan Development and Authorization SOP – Revised Nov 6, 2020
 - Guidelines for Service Authorization and Provider Billing Documentation – Revised Nov 6, 2020
 - Cost Detailed Tool – Revised Nov 6, 2020
- DDA Regional Offices are available to provide assistance and technical assistance as needed

Questions

